



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
OFFICE OF CONSUMER AFFAIRS
CORDELL HULL BUILDING, THIRD FLOOR
425 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243**

**CERTIFIED PEER SUPPORT SPECIALIST
ON-GOING EDUCATION VERIFICATION**

An individual, who is certified as a Peer Support Specialist, shall satisfactorily complete a minimum of twenty (20) hours of continuing education trainings, including Ethics, Title 33, Cultural Competency, Co-Occurring Disorders and HIPPA in conjunction with the certification renewal process. Only continuing education trainings recognized by the TDMHDD Office of Consumer Affairs shall be used to satisfy the continuing education requirement.

- Do not alter the form from its original format.
- Write legibly in only black or blue ink.
- Do not use nicknames or abbreviated forms of your legal name.

Name (*please print*): _____

Certification Number: _____ Certification Date: _____

Social Security Number: _____ - _____ - _____

Address: _____

City _____ State _____ ZIP _____

Phone Number: (_____) _____ - _____ Email: _____

List the name, date, sponsoring organization / association / agency and the number of hours for each on-going training attended.

1) _____	_____
Name of On-Going Education	Sponsor
_____	_____
Number of Training Hours	Date

